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ABSTRACT

Part of UNESCO's Action Research in Family and Early Childhood series, this monograph is based upon a technical report on the Early Childhood Education (ECE) component of the Integrated Child Development Services (ICDS) program in India. This document overviews the ICDS and how better use could be made of World Food Programme (WFP) food aid along with the ECE component, including the aspect of providing education to mothers and adolescent girls. The report notes that the WFP has provided support to ICDS since March 1976; the other main donor supporting ICDS is the American organization, CARE. Also noted is India's long history of interest in early childhood education, going back to the early twentieth century, although significant outreach to poorer communities began only with the launching of ICDS. Following an introduction, part 2 of the report describes the state of education in India. Part 3 details ICDS objectives, philosophy, organization, funding, and other support from WFP and other sources. This section also describes the Anganwadi Centres, the main form of outreach of ICDS, which create links with schools, local women's groups, and village councils. Part 4 covers issues of the early childhood component of ICDS, including the debate over the "quantity versus quality" of the program. Part 5 describes the following basic ideas behind the program: (1) learning begins at birth; (2) mothers need to be recognized, supported, and educated, because of their direct impact on children; and (3) the Indian cultural practices of breast-feeding, physical contact, and play help babies gain warmth, security, and responsiveness to others. The WFP's nutritional support is described in part 6, which asserts the need for more help from WFP in the area of childhood education. Part 7 lists 10 recommendations for improving administration of ICDS. Contains 20 references. (BGC)

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Nourish and Nurture:

World Food Programme Assistance for Early Childhood Education in India's Integrated Child Development Services

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World Food Programme Assistance for Early Childhood Education in India's Integrated Child Development Service

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U N E S C O

Action Research in Family and Early Childhood

April 1995

Based on a technical report by Iram Siraj-Blatchford of the University of Warwick.

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Foreword

UNESCO and Early Child Development

Early childhood care and education is now viewed by scientific and educational research as the first and essential stage of the basic education process. Recent world conferences testify to a growing appreciation of the crucial importance of the child's earliest years, and of the need to support families and communities in their role as the child's most influential educator.

Improving children's health and nutrition is necessary, but increasingly, in a situation where fourteen out of fifteen of the world's children survive until the age of one, governments and civil society are turning their attention to the psycho-social and cognitive development of children. There is ample evidence[1] to show that healthy children who have experienced good early learning programmes are much more likely than other children to remain in primary school and achieve good results. In addition, countries that succeed in mobilizing local government, municipalities, communities and voluntary organizations in the care and education of very young children have been able to decentralise and innovate in their educational systems and, at the same time, make an important contribution toward population information and the education of women.

UNESCO's early childhood programme seeks to assist governments:

- to prepare children for schools and schools for children by encouraging and promoting respect for the young child's natural, learning process;
- to forge links at national level between the primary education system and early child development programming;
- to undertake sub-sectoral studies of the situation of young children and families, and to formulate national or regional programmes in early childhood care and education;
- to identify and support first-class universities and institutes which will research national child and family needs and train high-level personnel to plan and animate national or regional policies;
- to support pilot early childhood and family development projects that stress the education of women;
- to promote legislation on behalf of children and families, and in particular, the Convention on the Rights of the Child.

In addition, UNESCO in keeping with its educational, scientific and cultural mandate:

- encourages research leading to practical action and policy making in favour of young children and families;
- acts as a networking and clearing centre for information and briefings on early childhood;
- collaborates in artistic, intellectual and cultural events promoting reflection on childhood and family issues.

We are particularly pleased to be able to publish Monographs 2 and 3 of our research series, which concentrate on major programmes in China and India: *An Evaluation Study of Parent Schools in China* and *World Food Programme Assistance for Early Childhood Education in India's Integrated Child Development Services*.

While it is difficult in such vast populations to guarentee programme quality across the country, there is little doubt that these programmes are of capital importance - not only because of their scale but also because of the common-sense assumptions and mechanisms which underly their success.

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1. Myers R. *The Twelve Who Survive* London, Routledge/UNESCO 1992

A rapid analysis of the two monographs reveals:

- that children are considered to be the future of these nations and are still central in their planning;
- that good early child-rearing is vitaly important for ensuring child quality and the learning achievement of children in schools;
- that disadvantaged social groups need and deserve reinforced services which ideally should be integrated and can be seen by the poor to benefit both the children and the communities;
- that given the higher costs of public services, and the comparative advantages of the family environment in so many respects, parents are the indispensable allies of the States in ensuring the proper care and education of children;
- that the great majority of parents can be motivated and trained to educate their children well through the single expedient of linking State service provision with educational opportunity or obligation for parents. Thus the ICDS programme links free child-feeding with the opportunity for young mothers to learn more about the relevant health, nutritional and educational needs of their children. Likewise in China, the provision of free education to children is accompanied by training offered to parents showing them how to supplement the child's education at home.

Obviously, as living standards rise and group interests develop, these assumptions will be weakened. Yet they can never be entirely ignored as the social breakdown and random violence of many Western cities illustrate.

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Acronyms Used

CARE	Co-operative American Relief Everywhere
DWCD	Department of Women and Child Development
ECE	Early Childhood Education
ECCE	Early Childhood Care and Education
ICDS	Integrated Child Development Services
MHRD	Ministry for Human Resource Development
NCERT	National Council of Educational Research and Training
NGO	Non-Governmental Organization
NIPCCD	National Institute of Public Co-operation and Child Development
NORAID	Norwegian Agency for International Development
SAARC	South Asian Association for Regional Co-operation
SCERT	State Council for Educational Research and Training
SIDA	Swedish International Development Agency
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank

Nourish and Nurture:

World Food Programme Assistance for Early Childhood Education in India's Integrated Child Development Services

I. Introduction

This publication is based upon a technical report on the Early Childhood Education (ECE) component of the Integrated Child Development Services (ICDS) Programme in India. The information presented was gathered by Iram Siraj-Blatchford in the course of a five-week 'review-cum-appraisal' mission to India in April-May 1993.

This mission was carried out in the framework of the Co-operative Programme between UNESCO and the World Food Programme (WFP). Under this Programme, UNESCO and WFP co-operate on the design and evaluation of WFP-supported education programmes as well as on identifying innovative ways of using WFP food aid for the development of human resources.

A special focus of this publication is to describe how better use can be made of WFP food aid in developing the ICDS and, in particular, its Early Childhood Education component, including the important aspect of the education of mothers and adolescent girls in the community.

II. Education in India

The basic system of education in India covers ten years divided into three stages - five years of primary education, three years of middle school and two years of secondary schooling.

At each of these stages the National Policy on Education aims for improvement in curricula and teaching practices. Goals for the 1990s include increasing the provision of primary schools, middle schools and non-formal education facilities for school drop-outs, the reduction of drop-out rates and the achievement of minimum levels of learning in primary and middle schools.

Primary education policy

The Government of India has demonstrated its commitment to universal elementary education in such documents as the "National Plan of Action: A Commitment to the Child" and its Eighth Five Year Plan (1992-97).

These documents propose three broad objectives for improving education:

- Access to primary education for at least 80% of boys and 75% of girls by 1995.
- Completion of primary education by at least 50% of girls as well as boys by 1995.
- Reduction of adult and adolescent illiteracy from 1990 levels by 25% by 1995.

Eradication of illiteracy and free compulsory elementary education for children up to the age of 14 is a directing principle of the Indian Constitution. In the population as a whole 51.5% are literate but there is a discrepancy between male and female literacy. The literacy of males is 64% for all ages but is only 39% for females.

This imbalance between males and females is also reflected in other social and economic spheres of life, such as, the sex ratio (there are 929 females per 1,000 males), employment, health care and other basic human needs.

The Eighth Five Year Plan gives special emphasis to social development. The Government of India encourages States to develop policies which enhance education, health and social welfare. States are directed to pay special attention to the development of scheduled (lower) castes and tribes, and to the education and welfare of girls and women.

As regards government policies in the field of early childhood care and education, the Government of India intends to give priority to the economically weaker sections of society in the provision of Integrated Child Development Services and the establishment of additional Day-Care Centres for pre-school children and infants.

Enrollment and attendance

States such as Andhra Pradesh, Gujarat, Haryana, Punjab, Nagaland, Kerala and some Union Territories have attained almost universal provision of primary education. In the country as a whole, enrollment figures have grown slowly but steadily over the years.

By 1987-88, 97.9% of the total population of 6- to 11-year-olds were enrolled in school and 55% of 12- to 14-year-olds. (India, Ministry of Human Resources Development, Department of Education, Planning, Monitoring and Statistics Division).

However, when the figures are further broken down into rural/urban and scheduled castes/tribal populations there is clear indication of disparities (Sharma & Sood 1989).

Retention of children in school is a further dimension that must be kept in mind when interpreting these statistics. Several studies have suggested that only some 40% of children entering class I will eventually make it to class V.

According to Sharma & Sood (1989) there are several reasons for such high drop-out rates:

- The poor very often cannot spare a child full time for school; the child is needed either for housework or income generation. (During the field visits a District Officer told us she had paid for the Enrollment of a rural child to class 1 when a parent had explained that her child did not attend primary school because she could not afford the Enrollment fee of 20 Rupees).
- Inability to meet expenses for schooling, particularly of acceptable clothing (parents mentioned this as one reason for not sending children to ICDS Anganwadi Centres).
- Sickness of the children or members of their families.
- Indifference, or even a negative attitude, towards girls' schooling.
- Indifferent attitudes of teachers towards children with learning difficulties.
- Illiteracy of parents.

It is also suspected that drop-out may sometimes be due to a number of other reasons, such as poor school facilities, authoritarian teaching, boring and unstimulating curriculum and teaching styles, etc.

Quality of the learning environment and of teachers

"Operation Blackboard" has been launched in an attempt to improve the learning environment for children, as it is recognized that this directly affects children's educational development. The 1986 Fifth All India Educational Survey revealed that 27% of primary schools were run in open spaces or mud-plastered *(kutcha)* buildings and that no lavatory facilities existed in 93% of primary and 79% of middle schools.

Teachers are of central importance to the quality of the education children receive. The qualifications and training of teachers are improving; for example, in 1951, only 58% of teachers were trained, while by 1987 this figure had been raised to 88%.

There has also been a marked improvement in the recruitment of female teachers, although women teachers still account for under 30% of the teaching force.

Literacy and development

The importance of extending education throughout the country is widely recognized. One study (Sharma and Sood, 1989) draws a fascinating parallel between literacy and development. As they put it:

> Illiteracy is invariably associated with deprivation and socioeconomic underdevelopment. Among the major States, Kerala has the highest literacy as well as female literacy in the country. It also has the distinction of having the lowest Infant Mortality Rate; the lowest proportion of married females in the age group 15-19; and a very low death rate.
> As against this Uttar Pradesh, with a lower literacy rate, is characterized by the highest infant mortality rate, high death and birth-rate and a higher proportion of married females in the age group 15-19.

III. ICDS - A unique initiative in the service of children

The Integrated Child Development Service (ICDS) is a unique initiative. It evolved from the National Policy for Children during the Fifth Five-Year Plan and aims to provide a combined package of services to children under 6, and to expectant and nursing mothers in the poorest areas of India.

The services provided include supplementary nutrition, immunization, health check-ups, health and nutrition education for 15- to 45-year-old women and mothers (and more recently for adolescent girls), referral services for children and mothers and non-formal pre-school education for children aged from 3 to 6. Women of child-bearing age women (15- to 45-year-olds) are covered by the programme to protect and strengthen the survival chances of young children.

India has approximately 127 million children under the age of six (over twice the total population of France), most of them living within poor families. The ICDS benefits some 18.6 million children and mothers.

Objectives and philosophy

The five specific objectives of ICDS are:

- to improve the nutrition and health status of children in the age group 0 to 6 years;
- to lay the foundations for the proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination at the policy and implementation levels amongst the various departments to promote child development;
- to enhance the capability of mothers to take care of the normal health and nutritional needs of their children through proper nutrition and health education.

Organization and funding

The ICDS scheme was launched in 1975 on an experimental basis with thirty-three projects. In its eighteenth year ICDS has 2,600 operational units. As part of its 'National Plan of Action: A Commitment to the Child', the Government of India intends that ICDS will be extended to 3,266 projects by the end of the Eighth Five Year Plan in 1997.

Most ICDS projects are located in rural and tribal areas (91.5%) and a small proportion in urban slum areas (8.5%). The Government of India intends to universalize the service which has received popular acceptance and has the potential to reach the most vulnerable, needy and poorest parts of the country. Selection criteria at present stress

coverage of children under the age of three, the girl-child and pregnant and nursing mothers in scheduled caste communities, especially those located in flood- or drought-prone areas.

Funding for ICDS is fully covered by the Central Government. State Governments only contribute to part of the cost of supplementary nutrition. Since the early 1980s the funds allocated to ICDS from Central Government have increased substantially from 337.6 million Rupees in 1983-84 to 2,435 million Rupees in 1991-92 (NIPCCD - National Institute of Public Co-operation and Child Development, 1992).

In a joint review carried out by the Government of India and UNICEF it was estimated that the cost of reaching a child under ICDS is about US $18 annually including supplementary nutrition, but excluding health care.

The ICDS was conceived of as a community programme to impart health and nutrition education and pre-school education and to provide women and children with supplementary nutrition. The programme has developed and been extended to provide similar services for adolescent girls who are school drop-outs.

At Central Government level the Department of Women and Child Development, in the Ministry of Human Resource Development, has overall responsibility for the ICDS. The Department organizes and funds ICDS and the related reports, research projects and major strategies for intervention.

The Central Technical Committee of the Department monitors developments, evaluates the services related to health and nutrition and is also responsible for the education and training of ICDS health workers.

The administrative set-up for ICDS is well structured but formidable in size and this presents problems in terms of flexibility.

At State Government level, the departments of Social Welfare, Health, Rural and Community Development, Tribal Welfare and Women and Child Welfare are in charge of administering ICDS. Within States, each district has a Welfare and Programme Officer who liaises with other officers (medical, child development and block development officers) at the block level ("block" can be roughly translated as an area, consisting of one or more villages, selected for coherent development action. Altogether there are 5,153 tribal/community development blocks in India. An administrative block caters for a population of approximately one hundred and ten thousand people.)

The Anganwadi Centres

The scheme is rooted in the communities it serves, through a local or village Centre called the Anganwadi (literally "courtyard"). Each Centre has a female Anganwadi Worker and a Helper who cooks and distributes the supplementary food. The ICDS is probably the largest programme of its kind in the world.

There is one Anganwadi Centre per thousand of the population and therefore approximately 100 Anganwadi Centres in each block in rural and urban areas. For demographic and topographical reasons, only about half this number of Anganwadi Centres exist in tribal areas.

There is one Supervisor for about twenty-five Anganwadi Centres, whereas within the villages the key staff member is the Anganwadi Worker, who runs the Anganwadi Centre and links with the health guides, *dais* (traditional birth attendants) and the auxiliary nurses / midwives to provide the package of services offered under ICDS.

Anganwadi Workers are also encouraged to create links with local people through the schools, *mahila mandals* (local women's group) and *panchayats* (village councils).

Both the Supervisors and the Anganwadi Workers also benefit from the support of Child Development Project Officers posted within the block administrative structure.

Support by the World Food Programme and other Agencies

The World Food Programme (WFP) has supported ICDS since March 1976. In 1993, this assistance covers the five States of Assam, Kerala, Madhya Pradesh, Rajasthan and Uttar Pradesh, currently to the tune of $22.8 million per annum.

WFP is one of two main donors providing supplementary food to ICDS, the other one being CARE, an American NGO. WFP supports around 2.12 million beneficiaries and CARE some 8 million. Between them, CARE and WFP provide approximately 60 per cent of the total food required for the supplementary nutrition component of ICDS which, in itself, accounts for just over 50% of the total cost of the ICDS package.

Food aid from WFP and other external sources acts as a budgetary support for State Governments who are responsible for financing the supplementary nutrition component but would have difficulty in funding this all on their own.

It is important to view WFP support to ICDS as part of a larger initiative, involving many agencies. In fact, WFP is one of seven donors providing aid to the programme. For example, UNICEF funds equipment (including vehicles), educational materials and training costs and supports monitoring and communication. Activities supported by USAID have included in-service training of Anganwadi Workers, improved communications and the development of a management information system in two districts. The World Bank has signed agreements to support ICDS in four States providing a range of assistance but excluding supplementary nutrition.

Supplementary nutrition for young children

Food aid has been particularly successful in attracting pre-school age children (age group 3 to 6 years) to Anganwadi Centres.

Recipients of food aid from WFP receive three key food products: Soya Fortified Bulgar Wheat, Corn Soya Blend and oil. The Soya Fortified Bulgar Wheat has vegetable oil added to it immediately prior to cooking.

This product was found to be the most popular food among recipients. It is eaten by adults and the 2- to 6-year-olds. It is cooked in large pots over an open fire stove, usually by the Anganwadi Helper. To add variety and enhance flavour local people provide vegetables, when available, and condiments or a sugary product *gur* (jaggery).

For babies and young infants the wheat has to be ground locally then soaked and boiled to produce a gelatinized, digestible baby food. The grinding is often done at village level, by women, at low cost and with a minimum of waste. In one village local women charged 50 *paise* (= half a rupee) per kilo to grind the wheat.

Although the food is nutritious there is a need for locally-available weaning foods which would add greater variety to the diet, particularly for severely malnourished children.

Children under six are entitled to a ration of 65 grams of the fortified wheat and 8 grams of vegetable oil; pregnant and nursing mothers and malnourished children were entitled to 130 grams of fortified wheat and 16 grams of vegetable oil.

The supplementary food is stored carefully and in a clean area, with the bagged products and oil containers usually stored side by side.

The cooked food is usually served at the end of a morning session, often when mothers arrive with the youngest children. Some Anganwadis serve food twice a day, particularly for the more malnourished children who find one large helping of food too much to cope with as one meal. In most areas - this is particularly noticeable in Kerala and Madhya Pradesh - children are encouraged to wash their hands before and after meals and are well aware of the rituals of "feeding time". The children appeared to enjoy the food provided by WFP, though more enthusiasm was witnessed in areas where local products such as rice and *dhal* were provided.

Main strengths and weaknesses

Since its inception ICDS has generated much international interest among researchers, policy makers, administrators and all those involved in the implementation of the programme.

The National Institute of Public Co-operation and Child Development (NIPCCD) compiled a two-volume research report on ICDS based on abstracts from around 300 studies. Only a few of these, however, are concerned with the Early Childhood Education component of ICDS.

According to one of the most recent national evaluations, conducted by NIPCCD in 1992, ICDS has generally had a positive impact on recipients and there are indications of its potential for promoting the survival rate of children. Studies cited in another publication indicate improvement (albeit patchy) in some areas of health and nutrition, such as the infant mortality rate, nutritional status, morbidity patterns, immunization and use of health services.

As far as education is concerned, children from ICDS areas have been shown to perform better on language, conceptual and behavioural competencies. There have also been improvements in enrollment and scholastic performance in primary schools of children formerly attending ICDS centres. Research has also helped identify substantive gaps and problems with the implementation of the programme. The NIPCCD study indicated where ICDS needs strengthening. It became clear that expansion of the programme had outstripped and preceded the need to consolidate and improve the quality of materials, training, Anganwadi Centres, buildings and community participation.

IV. Early Childhood Education : a key component of ICDS

India has a long history of interest and provision in early childhood education which can be traced back to the early twentieth century. Significant expansion to the poorer communities only began, however, with the launching of ICDS.

During the planning phase, in the early 1970s, the minimum Integrated Childhood Development Services package consisted of supplementary nutrition, immunization, health care, nutrition education, family planning and the provision of safe drinking water. The target group to receive these services were to be children of 0 to 6 years and pregnant and nursing mothers.

The Indian Association for Pre-school Education submitted a proposal to the Planning Commission of ICDS pointing out that only the physical-medical aspects of child development were being envisaged under ICDS and suggesting that a complete model of integration should also take into account the psycho-social development of children.

After lengthy discussion, the ICDS scheme was launched, in 1975, with an additional component of non-formal early childhood education for children aged 3-6 years.

Growth or development?

As an integrated service, ICDS has provided a certain number of pre-school or early education activities. Scrutiny of the documentation, field observations and lengthy discussion with workers at all levels lead to the conclusion, however, that ICDS is integrated in concept and at policy level, but not in practice.

During field visit observations and discussion with staff, several reasons for this deficiency were highlighted. They include, for example, the vertical structure of services, limited funding, an uneven distribution of power among those charged with implementing the project and a lack of effective co-ordination at policy and implementation levels among government departments responsible for child development. ICDS also aims to educate care-givers, mostly mothers, but this too has been difficult to achieve in practice.

Although some Anganwadi Centres involve parents and children in educational activities the constraints are profound. The main source of problems lies with the duties of

Anganwadi Workers. While, on average, most Anganwadi Centres are open for three to four hours a day, only one and a half hours are spent on early childhood education.

"Growth" as seen from health and nutrition perspectives has been closely monitored, partly because it has provided visible signs of progress and partly as an on-going justification for expenditure. The monitoring of psycho-social improvements through careful observation has, by contrast, been minimal.

The clearest indicator of this uneven balance is the number of records which need to be filled in by Anganwadi Workers and Supervisors on children's health, height, immunization, supplementary food, numbers of children, etc. Anganwadi Workers fill in at least twelve records per child. It is therefore hardly surprising that little attention is paid to the qualitative aspects of experiential and participatory activities and play, which lay the foundation for children's sound psycho-social development and are the prerequisites of early literacy and numeracy readiness.

It would be fair to say that, given the focus on "feeding", "growth monitoring" and "recording", the Anganwadis, over time, have evolved into "feeding centres" with most children sitting passively in large numbers and occasionally being given the chance to sing songs and rhymes from the Anganwadi worker's small repertoire of pre-school activities, gleaned during her short, three-month training.

The developmental needs of children with learning difficulties or disability in particular demand urgent attention, and proper referral systems need to be put into operation.

Quantity versus quality

The situation has been further exacerbated by a research focus which is largely quantitative. Figures, tables and graphs predominate in the hundreds of studies on ICDS. Few studies can be found on the qualitative aspects of how children and communities actually experience the programme. In-depth ethnographic and case-study approaches would reveal not only "how many" parents are involved in various aspects of ICDS but also shed some light on the "why" and "who" and "when" questions that need further exploration. More is needed than mere accountability through numbers.

It is understandable that rapid expansion of ICDS should be the target and it is clear that ICDS plays a very important role in providing better nutrition and employment and acting as a social safety net for many millions of women, girls and children. However, paying attention to quality issues need not delay expansion, particularly if local initiatives are developed and a greater will to decentralize is shown. The pressure on financial resources during expansion is high, but funds also need to be directed to up-grading old locations rather than simply giving priority to new ones.

During field visits it also became apparent that rapid expansion left a short-fall in the availability of appropriately qualified workers at all levels.

How well does it work?

Research evidence shows that early childhood education has had some impact. According to one study from 1985, children attending Anganwadis had higher scores in language and cognitive development. Children from ICDS have also been shown to perform better at school, particularly in grades I and II.

Although most children in urban and rural areas only came to Anganwadi Centres for "feeding", Sharma (1987) discovered that those children who attended the full programme, that is, not just at "feeding" times but for the pre-school activities too, were attending Anganwadi Centres rated as having satisfactory early childhood education. This was the case in 26% to 30% of Centres and children appeared to be happier, more involved and absorbed in the Anganwadi activities. Other researchers have also discovered a positive link between the quality of the Anganwadi workers' ability and the cognitive development of children in the 4 to 5 age group.

Some Anganwadi Workers took a thematic approach (e.g. in Kerala) and others, trained at cognitively-oriented centres such as the Indore Bal Niketan Sangh (run by a Non-Governmental Organization), proved to have sophisticated skills in providing participatory activities for children (e.g. in Madhya Pradesh).

In the course of discussion with parents in Kerala and Madhya Pradesh it emerged that the early childhood education component acted as an incentive for them to send children to Anganwadi Centres. Usually both food and early childhood education were valued by parents in the States visited, but in Kerala where literacy levels are very high parents valued ECE above supplementary nutrition.

Prerequisites for early childhood education and development

During mission visits it was clear that Anganwadi workers take their responsibilities very seriously given their limited resources and training. The number of children per Anganwadi Centre varied from twenty to over ninety with an average of about forty.

Some of the major obstacles to the delivery of services, with particular reference to creating an environment conducive to early childhood education, were:

- The size and construction of the Anganwadi Centres, which varied enormously. In some areas however, newly constructed Anganwadi Centres were uniform in size and were found to be too small for participatory and exploratory pre-school educational activities to take place. The form and environment of most Centres encouraged workers to seat children in rows and teach them on a learning-by-rote basis. The ICDS centres were also poorly-lit and ventilation was scarce. In constructing new Centres due regard should be paid to the developmental needs of children. In some areas, where the Centres consisted of covered spaces at the homes of Workers, the conditions were more comfortable.

- Centres often had no separate annex for mothers, babies and toddlers. Care should also be given to where the cooking takes place. Some Centres were found to be burning smoky fuels indoors which created an uncomfortable and unhealthy environment for children. As a matter of safety, health and education cooking should take place outside or in an annex. In areas where the Anganwadi Workers are literate, a check list or fact sheet on organizing the environment to aid safety, health and education would be helpful.

- Efforts should be made to provide clean water facilities and toilets for each Centre. Food-for-work schemes, using WFP food aid for example, or local initiatives to improve the construction of Centres, could be considered.

- Due to the amount of record keeping, Anganwadi Workers cannot spend sufficient time on organizing activities for children and providing interactive games. The play-way method requires time and good organization. More responsibility for record-keeping should be placed on Supervisors who could be asked to up-date records during their monthly visits. Random visits might keep Anganwadi Workers alert to maintaining services focused on the children rather than on record-keeping.

- Communication of the value of early childhood education was found to be important. Where key personnel at State, district and supervisory level were aware of good practice in Elementary Child Education, the delivery of services was much enhanced. Links between training centres and administrators could be improved.

- Many Anganwadi Centres accommodate children both younger and older than the 3- to-6 age group. The younger children were normally siblings left by parents of the older children while they went to work. The younger children could not be catered for appropriately because they needed greater attention. As a result, many of them cried or distracted other children from educational activities.

- Play materials were scarce. Materials made by UNICEF and Anganwadi Workers were available but there were far too few to make any real educational impact on the children. A great many more puzzles, toys, writing, painting and drawing materials are needed.

- Outdoor play was difficult for road-side Anganwadi Centres due to traffic. Many Anganwadi Workers needed a greater repertoire of outdoor activities to hold the children's interest. Helpers could be trained to take small groups of children for outdoor activities leaving the Anganwadi Workers with smaller numbers with whom to engage actively. The World Bank proposal to have two Helpers per Anganwadi Centre should be welcomed.

- Anganwadi Centres in rural areas had good outdoor play areas, most of which could have been livened up with a few key resources, such as a sheet to throw over bushes or other objects to enable the children to play houses.

- Much more early childhood education could be achieved by changing "feeding" times to "meal" times. Children could be given responsibility for organizing small groups, counting children, plates etc. and encouraged to sit in circles to promote social and linguistic interaction. Waste material such as paper, cotton reels, cards etc. could be collected and used in participatory activities. Some Anganwadi Workers made excellent use of natural resources for instance, palm leaves used to make balls, snakes, whistles and for weaving. All these objects enhance motor skills, concentration and perseverance. Feeding children is important but the routine of feeding should not become more important than the children's development.

Effectiveness of early childhood education

The latest evaluation of ICDS, carried out by NIPCCD in 1992, shows that early childhood education pays. Statistics show that the manipulative and cognitive competencies tested were achieved by over half the children in most cases. They also show the relative effectiveness of early childhood education in raising school enrollment, reducing drop-out rates and improving the child's ability to cope with school.

While 88.2% of 5- to 14-year-olds who had benefited from ICDS and early childhood education completed primary schooling, only 60% without prior pre-school education did so. 36.5% of ICDS children without pre-school education never enrolled, while only 8.8% of those who had received early childhood education failed to enrol (NIPCCD, 1992).

Caution should, however, be exercised in developing these arguments. Early childhood education should not be guided by schooling alone; young children have a right to good early childhood education which is appropriate for their developmental needs.

V. Learning begins at birth

As opposed to physical growth, which can be described as a change in size, child development "is a process of change in which a child learns to handle ever more complex levels of knowing, thinking, speaking, feeling and relating to others" (Myers, 1990).

Research evidence indicates that fifty per cent of intellectual development takes place between conception and the age of four and a further 30 per cent between 4 and 6 years of age. It is hardly surprising, therefore, that early childhood specialists lay so much emphasis on the kind of stimulation needed in the child's environment.

We know that children are learning continuously and that their development is sequential, but that there are slight differences in the characteristics of development between children and across cultures. We also know that an enriched environment, of objects and people, can affect brain development and compensate for the effects of poor home environment or nutrition.

Supporting mothers

Mothers in particular have a key role in developing their children through early stimulation. By providing more information which supports care-givers in this role, the ICDS (Integrated Childhood Development Services) could be an ideal vehicle for the dissemination of this notion.

Mothers need to be recognized, and to recognize themselves as the child's first "teacher", especially in the early stimulation and development of under 3-year-olds. Yet there is some concern that ICDS does not reach its target numbers of nursing and pregnant mothers or children under 3 for feeding or health education.

During the process of project development, and in efforts to improve parental support, serious regard should be given to incorporating parent education on early stimulation.

Many agencies are taking, or have already taken, measures to educate parents. CARE has taken the route of providing food and training through Anganwadi Workers, the National Council of Educational Research and Training has tried a home-visiting approach, in Orissa, and others have tried holding *Mahila Mandal* (local women's groups) meetings to disseminate information. The WFP has attempted to reach adolescent girls and mothers through educational taped audio cassette stories and puppet theatre shown at Anganwadi centres and the Government of India also has plans to develop parent education in various ways.

Some interesting ideas have emerged during field visits through discussion with mothers on how their involvement and support could be improved.

Many women, especially in tribal areas, work outside the home. They suggested that crèches are required which would better meet the needs of their small children than leaving them in an Anganwadi Centre or with a sibling (who usually misses school to perform this task and is likely to be a girl child).

One possibility would be to organize support for mothers groups to run small crèches at home, with the help of the local *Panchayat* (village council) or *Mahila Mandal*. This would not be a government intervention, but a local system of rotation of child care by mothers. Food aid agencies, such as the World Food Programme, could support the mothers when they are running a crèche by providing food aid in compensation for days missed working outside the home.

Another way to reach mothers would be by cutting the time that Anganwadi Centres are open to children from six to five days. This would release one day for health education and training sessions on early stimulation for under-3s. This day - which could be an evening or one of the days of the weekend - should be determined by the Anganwadi worker, depending on when mothers could attend. Women who have to walk some distance could be given food rations for the week as an incentive to attend courses.

Audio-cassettes, radio programmes and television could also be used to convey parent education. In tribal and rural areas, taped stories or plays based on local culture and using local humour were observed to be a most effective medium.

In any case, the importance of education and support for mothers cannot be over-stressed, since this directly affects the quality of life and chances for survival of young children.

The cultural context

Parents can easily appreciate and strengthen their existing child-rearing stimulation skills. For instance, in the Indian cultural context, many mothers engage in traditional activities such as the breast-feeding, bathing and massaging of babies. This close, touch contact can be mutually pleasurable for baby and mother. Mothers can play, smile, make facial expressions, hold the baby close, coo, sing or tickle the child gently. The baby will respond to physical contact and gain warmth, security and a sense of alertness and responsiveness to others.

Massage, a traditional Indian child-rearing practice is also excellent in improving muscle and skin tone. Stimulation can also occur through games, stories, music and

language. Through close verbal and physical contact with the adult the child's intellectual curiosity is awakened.

Anganwadi Workers should be well versed in providing parents and adolescent girls with the basic knowledge of how to stimulate their children; this should be built into their initial and in-service training. The National Council of Educational Research and Training has produced excellent material for training in this area which should be made available to Anganwadi training centres.

VI. Food for thought: WFP Food Aid and early childhood education

World Food Programme support to ICDS in India is largely nutritional and focused on alleviating poverty in the poorer sections of the community. As might be expected, WFP uses the ICDS as a vehicle for the delivery of food assistance, and is very concerned with the logistics of food assistance and the recording of children's growth as a result of regular feeding.

The poor are being reached for "feeding", but, while it is true that food has been successfully used as an incentive to attract children to Anganwadi Centres for feeding, health and pre-school education, WFPs role in deepening and strengthening child educational development has been limited and little attention has been paid to the way food aid can enhance the educational development of young children and those who support them.

Up to now, WFP support to ICDS has focused mainly on the supplementary nutrition component and feeding takes up a significant proportion of the time and energy of all those involved in ICDS, particularly the Anganwadi Workers.

WFP has, however, stated clearly its aim to move towards a "more direct link between food aid and improved quality of education" and there are many other ways in which WFP as an agency, and food aid, as a resource, could contribute to strengthening ICDS and particularly the early childhood education component.

Some ways of using food aid more imaginatively have been tried out on a small scale already and this experience should be built on further:

- **Enhancing the quality of Anganwadi Centres**

  Food for work schemes might be used to upgrade Anganwadi Centres and the facilities available there. WFP could use commodities already available to them, such as Soya Fortified Bulgar Wheat and oil, and also purchase other value-added foods with funds from other WFP-assisted projects to be given to local workers as incentive and part payment for their work. This could contribute to the up-grading of toilets, cooking areas and resource centres or enlarging existing buildings.

  Food could also be used as payments for local artisans to make *matkas* (clay water containers) with taps, clay play utensils, wooden figures, games and toys, thereby supporting local employment and providing culturally relevant play material for early childhood education.

- **Food support to Anganwadi trainees**

  Currently Anganwadi Workers are given a three month basic training. Most of the women already run Anganwadi Centres and enrol on a course as soon as they can. Whilst on the course they continue to be paid their honorarium which amounts to approximately 400 Rupees a month. The training centres are normally some way from their village or town and the women live in. They are expected to pay most of their honorarium to the centre to cover the cost of accommodation and meals. The small amount of money the trainees are allowed

to keep pays for some very basic educational materials which are used during the course.

The WFP could also support trainees by providing food assistance to training centres, especially those in poorer areas. This would improve the quality of food provided at training centres and re-direct the saving made by Anganwadi trainees, to assist in the compilation of more early childhood education resources and health and nutrition education materials, or to purchase basic commodities for their Anganwadi Centres---combs, mirrors, etc.

- **Extending food incentives to local *dais***

  Local *dais* (traditional birth attendants) are seldom paid employees of the State. They perform their duties at local village level and are expected to charge money for their service. In one State, Madhya Pradesh, the *dais* complained bitterly of what they saw as unfair treatment by the State Governments. They argued that local Auxiliary Nurse/Midwives were paid a regular government wage, whereas they were left to fend for themselves. The *dais* often found themselves in the situation of being called out at any time of the day to deliver a baby only to find that after the delivery the parents had no money to pay them.

  Food rations might be extended to *dais*, as the people who most frequently visit women for pre- and post-natal care. This would improve working conditions for the *dais*, increase their job motivation and promote co-operation, at village level, between the *dais*, and Anganwadi Workers and Helpers, all of whom have some responsibility for the maternal care, nutrition and health education of women.

- **Food incentives for small, mother-run crèches**

  There is a clear demand among mothers for crèche facilities. Anganwadi Centres are not suitable places for children under 3 to be left while their mothers work. Anganwadi Workers, through the local *Panchayat* or *Mähila Mandal*, could encourage mothers to form small child-care co-operatives. Children would be cared for in a mother's house (possibly on a rotation basis) and she would be paid with value-added food to make up for lost earnings. Another advantage of this would be to free the girl child (who often takes care of younger siblings) to attend school.

- **Encouraging local women's initiatives**

  It is important to motivate mothers with children under the age of three to come to the Centres and receive training, for example, in early stimulation techniques. Food rations, which could be composed of products, such as Soya Fortified Bulgar Wheat, and also locally-produced value-added foods, could be given to these women at weekly meetings as an incentive to attend.

  WFP would need to make an assessment of local needs and to train women in preservation technology to produce value-added food for WFP. They could, for example, produce weaning food from indigenous pulses and grains, packaged in 500 gram units, or preserved food, such as *murabba* (mango pickles) and dehydrated vegetables.

  A twofold benefit would be accrued by this initiative. It would create employment for local women and also attract mothers with under-three-years-olds to attend for food and training.

Adolescent Girls Scheme

The Adolescent Girls Scheme is a good example of what can be achieved through food aid.

The high prevalence of babies of low birth weight (approximately 40% in all ICDS areas and 80% in tribal areas), the high proportion of young marriages (40 to 44% of all girls marry before the age of 18 years) and the low female literacy rate (around 25% in Madhya Pradesh and Rajasthan, for example) all reflect the extremely poor status of girl children and adolescents most of whom fall away from the organized system of educational and nutritional and health intervention.

This prompted WFP to initiate a special programme in support of adolescent girls in the State of Madhya Pradesh. The programme is open only to girls who have dropped out of primary school and supports the Non-Formal Education programme for girls, between the ages of 11 and 15.

Initially developed by the WFP, but now officially adopted by the Indian Government, the Adolescent Girls Scheme encourages girls to acquire basic knowledge and skills related to health, nutrition and child-rearing and encourages them to join Non-Formal Education literacy classes.

The learning manuals, produced by WFP and the Indian Government, stress the risks of early marriage and aim to increase the readers' awareness of health and nutrition issues concerning girls and small children.

In addition, the scheme aims to improve the self-esteem and confidence of girls, many of whom suffer discrimination in a society that puts greater value on males.

Girls establish links with Anganwadi Centres and often act as "helpers"; in return they receive supplementary nutrition and take-home rations.

However, unless the scheme is carefully monitored there may be a risk of exploitation of the girls' labour. Every effort should be made to select girls carefully and ensure that programmes designed for the Adolescent Girls Scheme are developed in consultation with the mothers and the adolescent girls themselves.

The aim should be to enhance their nutritional and health status as well as to ensure enrollment into Non-Formal Education programmes, to facilitate recreation and socialization, establish vocational training opportunities and promote family-life education through involvement in group activities.

VII. The path to improvement

1. Administration should be decentralized and local programmes should be introduced to strengthen the role of Non-Governmental Organizations and training institutions and to adjust early childhood education curricula to local conditions, including language and the local cultural context of women and children. This would also serve to reduce the administrative workload of staff. State Governments should co-ordinate with local NIPCCD, SCERT, NGOs and Anganwadi Workers' training centres.

2. Record-keeping by the Anganwadi Worker should be reduced to make more time for her to devote to the children, mothers and any adolescent girls in her charge. This could be achieved through altering the role of the Supervisor from inspection to a greater emphasis on training and monitoring while at the Anganwadi Centre.

3. The current focus on the "delivery" of food and services should be redirected towards the all round "development" of children and community participation. For example, three- to six-year-olds are not receiving appropriate non-formal pre-school education since too much time is focused on "feeding" without using this time effectively for learning as well. Emphasis should be placed on self-help initiatives such as mother-run crèches, the promotion of mothers as the child's first teacher, early stimulation of under-3-years-olds at home and the recognition of children as active learners. Anganwadi Workers should be encouraged to try new developmental initiatives without fear of failure; this might include setting up a parents association which involves fathers. Making meal times a learning experience which is lively, participatory and fun would enhance the early childhood education component within ICDS.

4. Radio shows in local languages, dealing with issues such as early enrichment techniques, how children develop and learn, or appropriate weaning practices, could be produced for mothers to listen to, together with Anganwadi Workers, and stimulate discussions. Other media could also be used in the same way.

5. More practical refresher and recurrent training, including on the job training, is needed, particularly for Anganwadi Workers and Helpers, to promote the non-formal pre-school education component of ICDS. Training institutions should develop learning modules that allow for gradually increasing vocational or para-professional certificates for Anganwadi Workers with the possibility of being promoted to Supervisor level.

6. Greater collaboration is needed at State level between agencies and government institutions involved in supporting ICDS to strengthen innovative, local support and develop better material for training. This would serve to enhance Anganwadi Workers' and Supervisors' skills in the area of early childhood education and work on parent education. Targets should also be set for developing and providing Anganwadi Centres with minimum learning materials, in particular sufficient tactile resources. The Adolescent Girls Scheme should be more focused on non-formal education and on literacy; appropriate use should be made in this sense of regionally available know-how and experience. Local resource centres with collaboration from State groups should be supported.

7. The expansion of ICDS should not be given priority over the up-grading of existing ICDS centres and programmes. Children need air, light, space, clean water, educational materials, trained and caring staff as well as shelter, food and clothes to meet basic needs. Local-level plans to up-grade facilities should be encouraged and targets set, dividing responsibility for up-grading between the local community, supporting agencies and the State Government.

8. Food aid agencies, including WFP, already help development work but should use food more imaginatively, for example, to support the production of early childhood education materials and for improving the nutrition of those who work with young children. Resources should be redirected to obtain value-added local foods to be used in the context of food-for-work schemes or to encourage community participation and local training initiatives of women. Efforts to increase the involvement in ICDS of mothers and children under the age of three should be given serious consideration.

9. The job descriptions of Anganwadi Workers, Supervisors, Assistant Child Development Project Officers and Child Development Project Officers need to be reconsidered in the light of research evidence and suggestions made for more equitable distribution of workloads. There should be negotiations at State level on rationalizing record-keeping and giving priority to the "clients" of ICDS, i.e. children and women.

10. Where possible the experiences of children at home should be used as the basis upon which to build future learning. The importance of early childhood education for children's cognitive, physical and socio-emotional development, as well as the potential of such programmes for enhanced performance in school and for society is not generally recognized. Efforts should be made, at all levels, to educate the public about its importance and the value of investing in children as an investment in India's future.

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